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JAN 14 2015  
S.D. SEC. OF STATE

State of South Dakota  
Campaign Finance Disclosure Statement

Full Name of Committee: PATIENT CHOICE FOR SOUTH DAKOTA

JON CROW, JACK KAUP,

JCROW@SFSURGICAL.COM;  
JACK.KAUP@BHS.COM;  
Email (Optional)

Chair -- Treasurer -- Candidate

910 EAST 20TH STREET SIOUX FALLS SD 57105

Committee Street Address

(605) 334-6736  
Phone

Postal Street Address

JACK KAUP

(605) 721-4918

Name of Person Making Report

Daytime Telephone #

Evening Telephone #

If Candidate Committee, please note office being sought.

Political party affiliation (if any)

If Ballot Question Committee, Ballot Question Title

Initiated Measure 17

Supporting

Opposing



Type of Campaign Statement



Pre-Primary



Pre-Convention



Pre-General



Mid-Year



Year-End



Amendment



Supplement



Termination

VERIFICATION OF PERSON MAKING REPORT

I, Jack Kaup

(print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or correction required subjects the treasurer responsible for filing to a civil penalty per day for each day that the statement remains delinquent.

01/13/2015

Date

Jack Kaup  
Signature of Treasurer

County, municipal and school candidates file this statement with the person in charge of the local election.

Statewide PACs, political party, ballot question and other committees file this statement with the Secretary of State's Office

Secretary of State, Elections Department  
500 East Capitol Ave., Ste 204  
Pierre, SD 57501  
of fax to 605-773-6580 or  
e-mail to cash@state.sd.us

Fax and e-mail images must contain the signature (s) and the original must be filed in our office one week following the date the fax/e-mail was received.

# INCOME

## Direct Contributions from Individuals

Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space or you may attach additional sheets of paper.

Unitemized Contributions from Individuals	Amount
Enter Total of all unitemized contributions(\$100 or less each from individuals) here:	

Line item A1

## Itemized Contributions from Individuals

Enter all itemized contributions(\$100.01 or more each from individuals) here:

Name	Residential (Street) Address	Amount
Itemized Contributions--Enter Total of all itemized contributions(\$100.01 or more each from individuals):		

Line item A2

## Direct Contributions from Organizations

An organization is defined as any corporate entity, partnership, association, club, labor union, or any group organized in a corporate form that is not defined as a political committee or political party. ONLY PAC's and Ballot committee Questions may receive direct contributions from organizations.

Name	Residential (Street) Address	Amount
SDIUX FALLS SPECIALTY HOSPITAL	910 E. 20TH ST. SIOUX FALLS SD 57105	\$90,000.00
SDIUX FALLS SPECIALTY HOSPITAL	910 E. 20TH ST. SIOUX FALLS SD 57105	\$20,697.25
BLACK HILLS SURGICAL HOSPITAL	216 ANAMARIA DRIVE RAPID CITY SD 57701	\$100,000.00
BLACK HILLS SURGICAL HOSPITAL	216 ANAMARIA DRIVE RAPID CITY SD 57701	\$20,697.25
MEDICAL FACILITIES (USA) HOLDINGS, INC.	910 E. 20TH STREET SIOUX FALLS SD 57105	\$200,000.00
SOUTH DAKOTA CHIROPRACTIC ASSOCIATION	1501 N. MAIN STREET MITCHELL SD 57301	\$5,000.00
DIAGNOSTIC RADIOLOGY SERVICES PROF., LLC	111 RAINBOW ST. YANKTON SD 57078	\$5,000.00
YANKTON MEDICAL CLINIC	1104 WEST EIGHTH YANKTON SD 57078	\$1,200.00
Itemized Contributions--Enter Total of all itemized contributions from organizations:		\$442,594.50

Line item B1

## Direct Contributions from Political Parties

### Contributions from Political Parties

Name	Residential (Street) Address	Amount
Enter total of all contributions from Political Parties here:		

Line item C1

## Direct Contributions from In-State Political Action Committees

### Contributions from South Dakota Political Action Committees

Name	Residential (Street) Address	Amount
Enter total of all contributions from South Dakota Political Action Committees or South Dakota Candidate Committees here:		

Line item D1

## Direct Contributions from Out-of-State Political Action Committees

### **Contributions from Federal Political Action Committees**

Name	Filing Web Address	Amount
Enter total of all contributions from Federal Political Action Committees or Out-of-State Candidate Committees here:		

Line item D2

## Direct Contributions from Candidate Committees

### **Contributions from Candidate Committees**

Name	Residential (Street) Address	Amount
Enter total of all contributions from Candidate Committees here:		

Line item E1

## In-Kind Contributions

### **Non-cash contributions of goods and services and the estimated fair market value**

Description	Name and Residential Address	Estimated Value
Enter total of all estimated in-kind contributions here:		

Line item F1

## Other Income

### **Refunds, rebates, interest earned, sale of property, or other income which is not a direct contribution**

Source of Income	Description of Income	Amount
Enter total of other income here:		

Line item G1

## Loans Owed to Committee

*Report the amount of each loan owed to the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed to the committee at the end of the reporting period must be itemized.*

Name of recipient of loan, including address.	Amount of loan made during the reporting period	Amount of loan repaid during the reporting period	Balance of loan at the end of the reporting period
Enter total amount of loans owed to committee here:			

Line item Y3

## Establishing and Administering Committee/Solicitation Costs

*List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or solicitation costs of the political committee.*

Organizational Name and Categorical Description of Direct Funds	Amount
Enter total here:	

Line item H1

# EXPENDITURES

## Operational Expenditures

<i>Categories have been provided for reporting common expenses. You may list other expense items at your discretion.</i>	
<b>Campaign Expenses</b>	<b>Amount</b>
Administrative	\$0.00
Advertising	\$335,025.02
Bank Fees	\$10.00
Consulting	\$174,046.06
Fundraising	\$0.00
Mailing	\$0.00
Office Supplies	\$0.00
Printing	\$0.00
Rent	\$0.00
Salaries	\$0.00
Travel	\$0.00
Enter total expenditures here:	\$509,081.08

Line Item X1

## Contributions Made to Candidates and Committees

<b>Name of Candidate or Committee</b>	<b>Amount</b>
Enter total of contributions to candidates or committees here:	

Line Item X2

## Debts and Obligations Owed by Committee

<i>All committee obligations which are incurred but unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation</i>
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<b>Owed to Creditors Name</b>	<b>Nature of obligation</b>	<b>Address</b>	<b>Amount</b>
Enter total debt owed by committee here:			

Line Item X3

## Loans Owed by Committee

<i>Report the amount of each loan owed by the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed by the committee at the end of the reporting period must be itemized.</i>
--

<b>Name of recipient of loan, including address.</b>	<b>Amount of loan made during the reporting period</b>	<b>Amount of loan repaid during the reporting period</b>	<b>Balance of loan at the end of the reporting period</b>
Enter total amount of loans owed by committee here:			

Line Item G2

## **SUMMARY OF INCOME AND EXPENDITURES**

**\*Note: You cannot end the reporting period with a negative balance.**

**County, municipal and school candidates file with the person in charge of the local election.**

## Ballot Question Contribution Statement

### State of South Dakota

Complete one of the following three sections that pertain to your organization.

#### Section 1

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: Sioux Falls Specialty Hospital, LLP  
Date: 12-15-14 Signature: D. ed Scalliff

\*\*\*\*\*

#### Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: \_\_\_\_\_

State or Country under Whose Law the Organization is Incorporated or Organized: \_\_\_\_\_

Street Address of the Organization's Principle Office: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\*\*\*

#### Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: \_\_\_\_\_

Street Address of the Organization's Principle Office: \_\_\_\_\_

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Name of Organization's Owners, Directors or Officers	Street Address

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Name of Person Authorizing the Contribution: \_\_\_\_\_

Street Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\*\*\*

#### Section 4

If any organization contributes more than ten thousand dollars in the aggregate to a ballot question committee the organization must submit with the contribution the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee

Name of Shareholder or Member	Street Address
Medical Facilities USA Holdings, INC.	913 E 20th street Sioux Falls, SD 57105
Sioux Falls Surgical Physicians, Inc.	910 E 20th street, Sioux Falls, SD 57105

I hereby declare and affirm under penalty of perjury that the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee is included above and that no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot questions.

Date: 12-15-14

President Signature: Duane Schell

Date: 12-15-14

SFSH-CFO  
Treasurer Signature: Scott Marshall

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.

Amended 6-2-09

**Ballot Question Contribution Statement**  
**State of South Dakota**

**Complete one of the following three sections that pertain to your organization.**

**Section 1**

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: Black Hills Surgical Hospital, LLP

Date: 12/9/2014 Signature: Jack Karp

\*\*\*\*\*

**Section 2**

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: \_\_\_\_\_

State or Country under Whose Law the Organization is Incorporated or Organized: \_\_\_\_\_

Street Address of the Organization's Principle Office: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\*\*\*

**Section 3**

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: \_\_\_\_\_

Street Address of the Organization's Principle Office: \_\_\_\_\_

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Name of Organization's Owners, Directors or Officers	Street Address


Name of Person Authorizing the Contribution: \_\_\_\_\_

Street Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\*\*\*

#### Section 4

If any organization contributes more than ten thousand dollars in the aggregate to a ballot question committee the organization must submit with the contribution the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee

Name of Shareholder or Member	Street Address
Medical Facilities USA Holdings, Inc.	910 E. 20th Street, Sioux Falls, SD 57105
Black Hills Surgical Physicians, LLC	1868 Lombardy Drive, Rapid City, SD 57703

I hereby declare and affirm under penalty of perjury that the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee is included above and that no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot questions.

Date: 12/9/2014

President Signature:

Lev Pennerd

Date: 12/9/2014

Chairman of Management Committee Signature:

Lev Pennerd

Treasurer Signature:

Lev Pennerd

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.

\* There is no position of President

Amended 6-2-09

**Ballot Question Contribution Statement**  
**State of South Dakota**

Complete one of the following three sections that pertain to your organization.

**Section 1**

Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: Yankton Medical Clinic, P.C.

Date: 11-4-2014 Signature: James J. Bo

\*\*\*\*\*

**Section 2**

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: \_\_\_\_\_

State or Country under Whose Law the Organization is Incorporated or Organized: \_\_\_\_\_

Street Address of the Organization's Principle Office: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\*\*\*

**Section 3**

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: \_\_\_\_\_

Street Address of the Organization's Principle Office: \_\_\_\_\_

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Name of Organization's Owners, Directors or Officers	Street Address